FY 2009  (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  Application Number 10/568,654  For MITOQUINONE DERIVATIVES USED AS MITOCHONDRIALLY TARGETED ANTIOXIDANTS	Docket Number					
Fise pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)   Application Number 10/568,654   Filed February 22, 2007     For MITOQUINONE DERIVATIVES USED AS MITOCHONDRIALLY TARGETED ANTIOXIDANTS     Art Unit	PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)					
Application Number 10/568,654   Filed   February 22, 2007  For MITOQUINONE DERIVATIVES USED AS MITOCHONDRIALLY TARGETED ANTIOXIDANTS  Art Unit						
Art Unit 1614  This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):    Fee					Filed February 22, 2007	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):    General Period	For MITOQUINONE DERIVATIVES USED AS MITOCHONDRIALLY TARGETED ANTIOXIDANTS					
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):    The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   The month (37 CFR 1.17(a)(1))	Art Unit					
reply in the above identified application.  The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):    Fee   Small Entity Fee     One month (37 CFR 1.17(a)(1))    \$130    \$85    \$						
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One month (37 CFR 1.17(a)(1)) \$130 \$85 \$						
One month (37 CFR 1.17(a)(1)) \$130 \$65 \$						
Two months (37 CFR 1.17(a)(2)) \$490 \$245 \$		One month (37 CFR 1 17(a)(1))				
Three months (37 CFR 1.17(a)(3)) \$1110 \$555 \$555  Four months (37 CFR 1.17(a)(4)) \$1730 \$865 \$		= ' ' ' ' ' '			-	
Four months (37 CFR 1.17(a)(4)) \$1730 \$865 \$				•		
Five months (37 CFR 1.17(a)(5)) \$2350 \$1175 \$				• • • • • • • • • • • • • • • • • • • •		
Applicant claims small entity status. See 37 CFR 1.27.  A check in the amount of the fee is enclosed.  Payment by credit card.  The Director has already been authorized to charge fees in this application to a Deposit Account.  The Director is hereby authorized to charge the above fees, or credit any overpayment, to Deposit Account Number 19-1090.  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  I am the ☐ applicant/inventor.  ☐ assignee of record of the entire interest. See 37 CFR 3.71  Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).  ☑ attorney or agent of record. Registration No. 43.058  ☐ attorney or agent under 37 CFR 1.34.  Registration number if acting under 37 CFR 1.34.  /Stephen J. Rosenman/ September 23, 2010  Signature Date  Stephen J. Rosenman, Ph.D.						
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attorney or agent under 37 CFR 1.34.	_					
Registration number if acting under 37 CFR 1.34    // Stephen J. Rosenman / September 23, 2010     Signature		<del></del>				
/Stephen J. Rosenman/         September 23, 2010           Signature         Date           Stephen J. Rosenman, Ph.D.         206-622-4900		2 · ·				
Signature         Date           Stephen J. Rosenman, Ph.D.         206-622-4900	registration number if acting under 57 of K 1.54					
Stephen J. Rosenman, Ph.D. 206-622-4900		/Stephen J. Rosenman/		Septemb	per 23, 2010	
		Signature	_	Date		
Typed or printed name Telephone Number		Stephen J. Rosenman, Ph.D.		206-622-4	4900	
		Typed or printed name		Telephone Nur	mber	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required.

SEND TO: Commissioner for Patients, PO Box 1450, Nacradia, VA 22313-1430. 1713945\_1000X